

FISCAL YEAR 2009

**APPLICATION
FOR
ANIMAL FRIENDLY SPAY/NEUTER GRANT**

Application Deadline: June 2, 2008

APPLICANT INFORMATION
1. LEGAL NAME:
2. FEDERAL TAX ID NUMBER:
3. MAILING Address Information (include mailing address, street, city, county, state, zip code):
4. PAYEE Mailing Address (if different from above):
5. TYPE OF ENTITY: <input type="checkbox"/> Nonprofit Organization (501(c)3) <input type="checkbox"/> Governmental Agency (animal shelter)
6. PROJECT CONTACT PERSON: Name: Phone: Fax: E-mail:
7. FINANCIAL OFFICER: Name: Phone: Fax: E-mail:

<p>8. What county(ies) does your spay/neuter program cover and what is the population of each of those counties?</p>
<p>9. What is the average cost per procedure for the program for which the grant is requested?</p>
<p>10. What is the target population (e.g., low income, indigent, elderly, shelter animals, etc.) intended to be served by the program funded by this grant?</p>
<p>11. What criteria does your organization use in determining financial need of individuals:</p>
<p>12. Describe and quantify, to the extent possible, the pet overpopulation problem in your community using your agency's data and any other meaningful estimates.</p>
<p>13. How many dogs and/or cats were spayed/neutered by your organization/agency during the last year? _____</p> <p>How many spay (female) procedures were performed over the past year by your organization/agency? _____</p> <p>How many neuter (male) procedures were performed over the past year by your organization/agency? _____</p>
<p>14. Did your organization/agency receive an "Animal Friendly" grant last year? _____</p> <p>If so, how much was your award? _____</p> <p>How many animals were altered using "Animal Friendly" grant funds? _____</p>

15. Does your organization/agency shelter animals? _____ If yes, what are your adoption fees? _____

16. How long has your spay/neuter program been in operation (month and year if possible)?

17. Describe the general socioeconomic need (e.g., poverty levels, unemployment, per capita income, occupational data, etc.) of the counties covered by your spay/neuter program:

18. Describe what community collaborations, if any, exist and how this grant will foster the creation or extension of those collaborations:

19. What other resources for spay/neuter assistance exist in your community and who are their target populations?

20. If grants from other organizations are anticipated, please tell us from whom and how much has been requested or awarded.

21. Explain how post-surgical monitoring and care will be managed:

22. How would a grant increase the spay/neuter procedures in your community?

23. **ATTACH** - Organizational structure of the applicant.

Nonprofit entities - please attach a copy of the IRS letter designating your organization as a 501(c) 3 with a current list of officers and directors. **Only the IRS letter should be submitted, please DO NOT submit other related documentation.**

Governmental agencies – please attach a statement of authorization from your local governing agency official (e.g., mayor, county executive, etc.)

24. **ATTACH** - Financial statement (profit/loss summary) covering a recent twelve (12) months of operation (the last calendar or fiscal year, which ever is more recent). Financial information submitted must also include sources of income, expense categories and end of year balance. **(Do not submit a budget statement or formal audit).** Governmental agencies must limit their financial statement to the unit specifically designated to provide spay/neuter services (e.g., animal control). **Organizations not submitting a financial statement with their application will not be considered for a grant.**

**Failure to answer ALL questions and provide
attachments as requested may result in
disqualification of grant proposal.**

AMOUNT OF GRANT REQUESTED: _____

Signature of organization/agency representative:

Signature

Title

Date